

Foster Family Home - Corrective Action Report

Provider ID: 1-170002

Home Name: Rowena R. Agustin, LPN

Review ID: 1-170002-7

98-241 Hale Momi Place

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 11/12/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

- Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 12/12/2020.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1)
No MD order for [REDACTED] or Client #1 and Client#2

Foster Family Home Physical Environment [11-800-49]

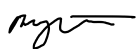
49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)
No Client access to stove or refrigerator



Compliance Manager



Primary Care Giver

11/12/2020

Date

11/12/2020

Date

CTA RN Compliance Manager: Julie Hastings, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Rowena Agustin
(PLEASE PRINT)

CCFFH Address: 98-241 Hale Momi Place, Aiea Hawaii 96701
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47.6d)1	MD order completed for client #1	11/16/2020	make sure that I have a doctor's order for all my client if their bed have a [REDACTED] even their not using it, for safety purposes.
47.6d)1	MD order completed for client #2	11/17/2020	make sure that I have a MD order for all my client if their bed have a [REDACTED] even their not using it, for safety purposes.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Rowena Agustin

Date: 11/17/2020

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Julie Hastings RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Rowena Agustin

(PLEASE PRINT)

CCFFH Address:

98-241 Hale Momi Place Aiea Hawaii 96701

(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
49-1(x3)	Access to refrigerator and stove completed.	11/16/2020	make sure all the client have easily access for refrigerator microwave and stove. (mini kitchen).

☒ All items that were fixed are attached to this CAP

PCG's Signature:

[Signature]

Date:

11/17/2020

☒ CTA has reviewed all corrected items